TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
SUBCHAPTER d: MEDICAL PROGRAMS

PART 147
REIMBURSEMENT FOR NURSING COSTS FOR GERIATRIC FACILITIES

Section

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AUTHORITY: Implementing and authorized by Articles III, IV, V, VI and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V, VI and 12-13].

SOURCE: Recodified from 89 Ill. Adm. Code 140.900 thru 140.912 and 140.Table H and 140.Table I at 12 Ill. Reg. 6956; amended at 13 Ill. Reg. 559, effective January 1, 1989; amended at 13 Ill. Reg. 7043, effective April 24, l989; emergency amendment at 13 Ill. Reg. 10999, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 16796, effective October 13, 1989; amended at 14 Ill. Reg. 210, effective December 21, 1989; emergency amendment at 14 Ill. Reg. 6915, effective April 19, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 9523, effective June 4, 1990, for a maximum of 150 days; emergency expired November 1, 1990; emergency amendment at 14 Ill. Reg. 14203, effective August 16, 1990, for a maximum of 150 days; emergency expired January 13, 1991; emergency amendment at 14 Ill. Reg. 15578, effective September 11, 1990, for a maximum of 150 days; emergency expired February 8, 1991; amended at 14 Ill. Reg. 16669, effective September 27, 1990; amended at 15 Ill. Reg. 2715, effective January 30, 1991; amended at 15 Ill. Reg. 3058, effective February 5, 1991; amended at 15 Ill. Reg. 6238, effective April 18, 1991; amended at 15 Ill. Reg. 7162, effective April 30, 1991; amended at 15 Ill. Reg. 9001, effective June 17, 1991; amended at 15 Ill. Reg. 13390, effective August 28, 1991; emergency amendment at 15 Ill. Reg. 16435, effective October 22, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 4035, effective March 4, 1992; amended at 16 Ill. Reg. 6479, effective March 20, 1992; emergency amendment at 16 Ill. Reg. 13361, effective August 14, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 14233, effective August 31, 1992; amended at 16 Ill. Reg. 17332, effective November 6, 1992; amended at 17 Ill. Reg. 1128, effective January 12, 1993; amended at 17 Ill. Reg. 8486, effective June 1, 1993; amended at 17 Ill. Reg. 13498, effective August 6, 1993; emergency amendment at 17 Ill. Reg. 15189, effective September 2, 1993, for a maximum of 150 days; amended at 18 Ill. Reg. 2405, effective January 25, 1994; amended at 18 Ill. Reg. 4271, effective March 4, 1994; amended at 19 Ill. Reg. 7944, effective June 5, 1995; amended at 20 Ill. Reg. 6953, effective May 6, 1996; amended at 21 Ill. Reg. 12203, effective August 22, 1997; amended at 26 Ill. Reg. 3093, effective February 15, 2002; emergency amendment at 27 Ill. Reg.10863, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18680, effective November 26, 2003; expedited correction at 28 Ill. Reg. 4992, effective November 26, 2003; emergency amendment at 29 Ill. Reg. 10266, effective

July 1, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 18913, effective November 4, 2005.

Section 147.5 Reimbursement For Nursing Costs For Geriatric Residents In Group Care Facilities (Repealed)

(Source: Repealed at 27 Ill. Reg. 18680, effective November 26, 2003)

Section 147.15 Comprehensive Resident Assessment (Repealed)

(Source: Repealed at 27 Ill. Reg. 18680, effective November 26, 2003)

Section 147.25 Functional Needs and Restorative Care (Repealed)

(Source: Repealed at 27 Ill. Reg. 18680, effective November 26, 2003)

Section 147.50 Service Needs (Repealed)

(Source: Repealed at 27 Ill. Reg. 18680, effective November 26, 2003)

Section 147.75 Definitions (Repealed)

(Source: Repealed at 27 Ill. Reg. 18680, effective November 26, 2003)

Section 147.100 Reconsiderations (Repealed)

(Source: Repealed at 27 Ill. Reg. 18680, effective November 26, 2003)

Section 147.105 Midnight Census Report

a) The census recorded must reflect the complete activities which took place in the 24 hour period from midnight to midnight.

b) The facility is required to compile a midnight census report daily. The information to be contained in the report includes:

1) Total licensed capacity.

2) Current number of residents in-house.

3) Names and disposition of residents not present in facility, i.e. therapeutic home visit, home visit, hospital (payable bedhold), hospital (non-payable bedhold), other.

(Source: Amended at 18 Ill. Reg. 4271, effective March 4, 1994)

Section 147.125 Nursing Facility Resident Assessment Instrument

a) Except as specified in subsection (b) of this Section, all Medicaid certified nursing facilities shall comply with the provisions of the current federal Long Term Care Resident Assessment Instrument User's Manual, version 2. (Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244 (December 2002). This incorporation by reference includes no later amendments or editions.)

b) Nursing facilities shall, in addition, comply with the following requirements:

1) Complete a full Minimum Data Set (MDS) for each resident quarterly, regardless of the resident's payment source. Facilities are not required to complete and submit the MDS Quarterly Assessment Form. When completing the full MDS for quarterly submittal to the Department, it is not necessary to also complete the Resident Assessment Protocols (RAPs) or Sections T and U. RAPs and Sections T and U shall only be completed at admission, annually, for a significant change or for a significant correction of a prior MDS.

2) Transmit electronically to the State MDS database the MDS for all assessments within 31 days after the completion date of the assessment. Except for nursing facilities that are defined as Class I Institutions for Mental Diseases (IMDs) pursuant to 89 Ill. Adm. Code 145.30, the rate set will be based on the MDS received two quarters prior to the rate effective date and MDS not received within 31 days will be given a default rate.

c) While a new rate system referenced in Section 147.150 is under development, Medicaid-certified Class I IMDs shall electronically submit both the MDS pursuant to subsections (a) and (b) of this Section and the Illinois Minimum Data Set-Mental Health (IL MDS-MH) as specified by the Department at the following frequencies:

1) Complete a full IL MDS-MH within 14 days after admission for each resident, regardless of the resident's payment source.

2) Complete a full IL MDS-MH at 90 days after admission for each resident, regardless of the resident's payment source.

3) Complete a full IL MDS-MH at six months after admission for each resident, regardless of the resident's payment source, and every six months thereafter.

4) Transmit electronically to the Department's IL MDS-MH database, the IL MDS-MH for all required assessments within 31 days after the completion date of the assessment.

(Source: Amended at 29 Ill. Reg. 18913, effective November 4, 2005)

Section 147.150 Minimum Data Set (MDS) Based Reimbursement System

a) Public Act 92-0848 requires the Department to implement, effective July 1, 2003, a payment methodology for the nursing component of the rate paid to nursing facilities. Except for nursing facilities that are defined as Class I Institutions for Mental Diseases (IMDs) pursuant to 89 Ill. Adm. Code 145.30, reimbursement for the nursing component shall be calculated using the Minimum Data Set (MDS). Increased reimbursement under this payment methodology shall be paid only if specific appropriation for this purpose is enacted by the General Assembly. For Class I IMDs, the nursing component shall be the rate in effect on June 30, 2005 until a payment methodology using the Illinois Minimum Data Set-Mental Health (IL MDS-MH), appropriate for the care needs of the IMD resident population, is implemented. The payment methodology using the IL MDS-MH shall be implemented no later than July 1, 2007.

b) The nursing component of the rate shall be calculated annually and may be adjusted quarterly. The determination of rates shall be based upon a composite of MDS data collected from each eligible resident in accordance with Section 147.Table A for those eligible residents who are recorded in the Department's Medicaid Management Information System as of 30 days prior to the rate period as present in the facility on the last day of the second quarter preceding the rate period. Residents for whom MDS resident identification information is missing or inaccurate, or for whom there is no current MDS record for that quarter, shall be placed in the lowest MDS acuity level for calculation purposes for that quarter. The nursing component of the rate may be adjusted on a quarterly basis if any of the following conditions are met:

1) Total variable nursing time for a rate quarter as calculated in subsection (c)(1) of this Section exceeds total variable nursing time calculated for the previous rate quarter by more than five percent.

2) Total variable nursing time for a rate quarter as calculated in subsection (c)(1) of this Section exceeds:

A) total variable nursing time as calculated for the annual rate period by more than ten percent;

B) total variable nursing time as recalculated and adjusted for the annual period by more than five percent.

3) Total variable nursing time for a rate quarter as calculated in subsection (c)(1) of this Section declines from the total variable nursing time as calculated for the annual period by more than five percent. No quarterly

nursing component rate reduction shall exceed five percent from the previous rate quarter.

c) Per diem reimbursement rates for nursing care in nursing facilities consist of three elements: variable time reimbursement; fringe benefit reimbursement; and reimbursement for supplies, consultants, medical directors and nursing directors.

1) Variable Time Reimbursement. Variable nursing time is that time necessary to meet the major service needs of residents that vary due to their physical or mental conditions. Each need level or specific nursing service measured by the Resident Assessment Instrument is associated with an amount of time and staff level (Section 147.Table A). Reimbursement is developed by multiplying the time for each service by the wage(s) of the type of staff performing the service except for occupational therapy, physical therapy and speech therapy. If more than one level of staff are involved in delivering a service, reimbursement for that service will be weighted by the wage and number of minutes allocated to each staff type. When a service can be provided by either a registered nurse (RN) or licensed practical nurse (LPN), the wage used will be weighted by the average mix of RNs and LPNs in the sample of facilities used to set rates. In calculating a facility's rate, the figures used by the Department for wages will be determined in the following manner:

A) The mean wages for the applicable staff levels (RNs, LPNs, certified nursing assistants (CNAs), activity staff, social workers), as reported on the cost reports and determined by regional rate area, will be the mean wages.

B) Fringe benefits will be the average percentage of benefits to actual salaries of all nursing facilities based upon cost reports filed pursuant to 89 Ill. Adm. Code 140.543. Fringe benefits will be added to the mean wage.

C) The base wage, including fringe benefits, will then be updated for inflation from the time period for which the wage data are available to the midpoint of the rate year to recognize projected base wage changes.

D) Special minimum wage factor. The process used in subsection (c)(1)(A) of this Section to determine regional mean wages for RNs, LPNs and CNAs will include a minimum wage factor. For those facilities below 90% of the Statewide average, the wage is replaced by 90% of the Statewide average.

E) On July 1 of each year beginning July 1, 2003, the base wage calculated in subsection (c)(1)(C) of this Section shall be multiplied by a ratio:

i) The numerator of which is the quotient obtained by dividing the amounts estimated by the Department to be available in the rate period for the nursing component of the rate Statewide by the Department's estimate of the number of patient days Statewide for the rate period eligible for reimbursement from the Department.

ii) The denominator of which shall be the mean Statewide base rate per patient day.

2) Vacation, Sick Leave and Holiday Time. The time to be added for vacation, sick leave, and holidays will be determined by multiplying the total of Variable Time by 5%.

3) Special Supplies, Consultants and the Director of Nursing.
Reimbursement will be made for health care and program supplies, consultants required by the Department of Public Health (including the Medical Director), and the Director of Nursing by applying a factor to variable time and vacation, sick leave and holiday time. (A list of consultants required by the Department of Public Health can be found in 77 Ill. Adm. Code 300.830).

A) Supplies will be updated for inflation using the General Services Inflator (see 89 Ill. Adm. Code 140.551). Health care and program salaries shall be updated for inflation using the Nursing and Program Inflator (see 89 Ill. Adm. Code 140.552). A factor for supplies will be the Statewide mean of the ratio of total facility health care and programs supply costs to total facility health care and programs salaries.

B) The Director of Nursing and the consultants will be updated for inflation using the Nursing and Program Inflator (see 89 Ill. Adm. Code 140.552). A factor for the Director of Nursing and consultant costs shall be the Statewide mean of the ratio of all facilities' Director of Nursing and consultant costs to total facility health care and programs salaries.

C) These costs shall be updated pursuant to cost reports as referenced in 89 Ill. Adm. Code 153.125(f).

d) Determination of Facility Rates.
An amount for each resident will be calculated by multiplying the number of minutes from the assessment by the appropriate wages for each assessment item (see subsection(c)(1) of this Section), adding the amounts for vacation, sick and holiday time (see subsection (c)(2) of this Section), and supplies, consultants, and the Director of Nursing (see subsection (c)(3) of this Section). The average of the rates for eligible residents assessed will become the facility's per diem reimbursement rate for each eligible resident in the facility.

e) A transition period from the payment methodology in effect on June 30, 2003 to the payment methodology in effect July 1, 2003 shall be provided for a period not exceeding June 30, 2006, as follows:

1) MDS-based rate adjustments under this Section shall not be effective until the attainment of a threshold. The threshold shall be attained at the earlier of either:

A) when all nursing facilities have established a rate (sum of all components) which is no less than the rate effective June 30, 2002, or

B) July 1, 2006.

2) For a facility that would receive a lower nursing component rate per resident day under the payment methodology effective July 1, 2003 than the facility received June 30, 2003, the nursing component rate per resident day for the facility shall be held at the level in effect on June 30, 2003 until a higher nursing component rate of reimbursement is achieved by that facility.

3) For a facility that would receive a higher nursing component rate per resident day under the payment methodology in effect on July 1, 2003 than the facility received June 30, 2003, the nursing component rate per resident day for the facility shall be adjusted based on the payment methodology in effect July 1, 2003.

4) Notwithstanding subsections (e)(2) and (3) of this Section, the nursing component rate per resident day for the facility shall be adjusted in accordance with subsection (c)(1)(E) of this Section.

(Source: Amended at 29 Ill. Reg. 18913, effective November 4, 2005)

Section 147.175 Minimum Data Set (MDS) Data Integrity

a) The Department shall conduct reviews to determine the accuracy of resident assessment information transmitted in the Minimum Data Set (MDS) that are relevant to the determination of reimbursement rates. Such reviews may, at the discretion of the Department, be conducted electronically or in the facility.

b) The Department shall quarterly select, at random, a number of facilities in which to conduct on-site reviews. In addition, the Department may select facilities for on-site review based upon facility characteristics, past performance, or the Department's experience.

c) Electronic review. The Department shall conduct quarterly an electronic review of MDS data for eligible individuals to identify facilities for on-site review.

d) On-site review. The Department shall conduct an on-site review of MDS data for eligible individuals.

1) On-site reviews may be conducted with respect to residents or facilities that are identified pursuant to subsection (b) or (c) of this Section. Such review may include, but shall not be limited to, the following:

A) Review of resident records and supporting documentation to determine the accuracy of data relevant to the determination of reimbursement rates.

B) Review and collection of information necessary to assess the need for a specific service or care area and an extension beyond the established maximum length of time for a service or care area.

C) Review and collection of information from the facility that will establish the current direct care staffing level.

2) The number of residents in any selected facility for whom information is reviewed may, at the sole discretion of the Department, be limited or expanded**.**

3) Upon the conclusion of any review, the Department shall conduct a meeting with facility management to discuss preliminary conclusions of the review. If facility management disagrees with those preliminary conclusions, facility management may, at that time, provide additional documentation to support their position.

e) Corrective action. Upon the conclusion of the review and the consideration of any subsequent supporting documentation provided by the facility, the Department shall notify the facility of its final conclusions, both with respect to accuracy of data and recalculation of the facility's reimbursement rate.

1) Data Accuracy

A) Final conclusions with respect to inaccurate data shall be referred to the Department of Public Health.

B) The Department, in collaboration with the Department of Public Health, shall make available additional training in the completion of resident assessments and the coding and transmission of MDS records.

2) Recalculation of Reimbursement Rate. The Department shall determine if reported MDS data or facility staffing data that were subsequently determined to be unverifiable would cause the direct care component of the facility's rate to be calculated differently when using the accurate data. No change in_reimbursement required as a result of a review shall take effect before July 1, 2004. A facility's rate will be subject to change if:

A) The recalculation of the direct care component rate, as a result of using MDS data that are verifiable:

i) Increases the rate by more than one percent. The rate is to be changed, retroactive to the beginning of the rate period, to the recalculated rate.

ii) Decreases the rate by more than one percent. The rate is to be changed, retroactive to the beginning of the rate period, to the recalculated rate.

iii) Decreases the rate by more than ten percent in addition to the rate change specified in subsection (d)(1)(C) of this Section. The direct care component of the rate shall be reduced, retroactive to the beginning of the rate period, by $1 for each whole percentage decrease in excess of two percent.

B) The review determines that the mean direct care staff time per diem that the facility is currently maintaining is more than 25

percent below the mean direct care staff time per diem used to determine the facility's direct care component of the rate. The recalculation shall use the mean direct care staff time per diem determined pursuant to Section 147.150(c)(1), multiplied by the factor described in Section 147.150(c)(1)(D), less mean direct care staff time per diem determined by the review that is in excess of 25 percent.

3) Any evidence or suspicion of deliberate falsification or misrepresentation of MDS data shall be referred to the Department's Inspector General and the Department of Public Health.

f) Appeals. Facilities disputing any rate change may request a hearing pursuant to 89 Ill. Adm. Code 140.830.

(Source: Amended at 27 Ill. Reg. 18680, effective November 26, 2003)

Section 147.200 Basic Rehabilitation Aide Training Program (Repealed)

(Source: Repealed at 27 Ill. Reg. 18680, effective November 26, 2003)

Section 147.205 Nursing Rates (Repealed)

(Source: Repealed at 27 Ill. Reg. 18680, effective November 26, 2003)

Section 147.250 Costs Associated with the Omnibus Budget Reconciliation Act of 1987 (P.L.100-203) (Repealed)

(Source: Repealed at 27 Ill. Reg. 18680, effective November 26, 2003)

Section 147.300 Payment to Nursing Facilities Serving Persons with Mental Illness

a) Reimbursement rates for nursing facilities (ICF and SNF) for program costs associated with the delivery of psychiatric rehabilitation services to residents with mental illness will remain at the level in effect on January 1, 2001, except as may otherwise be provided by 305 ILCS 5/5-5.4 and 89 Ill. Adm. Code 153.

b) Payment for services provided by nursing facilities for residents who have a primary diagnosis of mental illness will be dependent upon the facility meeting all criteria specified in 77 Ill. Adm. Code 300.4000 through 300.4090.

(Source: Amended at 26 Ill. Reg. 3093, effective February 15, 2002)

Section 147.301 Sanctions for Noncompliance

Based on a finding of noncompliance by the Department of Public Health on the part of a nursing facility with any requirement for providing services to persons with mental illness pursuant to 77 Ill. Adm. Code 300.4000 through 300.4090, the Department may take action to terminate or suspend the facility pursuant to 89 Ill. Adm. Code 140.16 and 140.19 or recommend to the Department of Public Health imposition of any of the remedies or penalties available under the Nursing Home Care Act [220 ILCS 45/3-101].

(Source: Added at 26 Ill. Reg. 3093, effective February 15, 2002)

Section 147.305 Psychiatric Rehabilitation Service Requirements for Individuals With Mental Illness in Residential Facilities (Repealed)

(Source: Repealed at 26 Ill. Reg. 3093, effective February 15, 2002)

Section 147.310 Inspection of Care (IOC) Review Criteria for the Evaluation of Psychiatric Rehabilitation Services in Residential Facilities for Individuals with Mental Illness (Repealed)

(Source: Repealed at 26 Ill. Reg. 3093, effective February 25, 2002)

Section 147.315 Comprehensive Functional Assessments and Reassessments (Repealed)

(Source: Repealed at 26 Ill. Reg. 3093 effective February 15, 2002)

Section 147.320 Interdisciplinary Team (IDT) (Repealed)

(Source: Repealed at 26 Ill. Reg. 3093, effective February 15, 2002)

Section 147.325 Comprehensive Program Plan (CPP) (Repealed)

(Source: Repealed at 26 Ill. Reg. 3093, effective February 15, 2002)

Section 147.330 Specialized Care – Administration of Psychopharmacologic Drugs (Repealed)

(Source: Repealed at 26 Ill. Reg. 3093, effective February 15, 2002)

Section 147.335 Specialized Care - Behavioral Emergencies (Repealed)

(Source: Repealed at 26 Ill. Reg. 3093, effective February 15, 2002)

Section 147.340 Discharge Planning (Repealed)

(Source: Repealed at 26 Ill. Reg. 3093, effective February 15, 2002)

Section 147.345 Reimbursement for Program Costs in Nursing Facilities Providing Psychiatric Rehabilitation Services for Individuals with Mental Illness (Repealed)

(Source: Repealed at 26 Ill. Reg. 3093, effective February 15, 2002)

Section 147.350 Reimbursement for Additional Program Costs Associated With Providing Specialized Services for Individuals with Developmental Disabilities in Nursing Facilities

a) Nursing facilities (ICF and SNF) providing specialized services to individuals with developmental disabilities, excluding state operated facilities for the developmentally disabled, will be reimbursed for providing a specialized services program for each client with developmental disabilities as specified in 89 Ill. Adm. Code 144.50 through 144.250.

b) Beginning February 1, 1990, facility reimbursement for providing specialized services to individuals with developmental disabilities will be made upon conclusion of resident reviews that are conducted by the state's mental health authority or their contracted agent. Facility reimbursement for providing specialized services as a result of resident reviews concluded prior to February 1, 1990, will begin with the facility's February billing cycle.

c) The additional reimbursement for costs associated with specialized services programs is based upon the presence of three (3) determinants. The three determinants are:

1) Minimum Staffing

A) Direct Services - Facilities must be in compliance with the Health Care Financing Administration's (HCFA) (42 CFR 442.201 or 42 CFR 442.302 (1989)) and the Illinois Department of Public Health's (IDPH) (77 Ill. Adm. Code 300.1230) minimum staffing standards relative to facility type.

B) The number of additional direct services staff necessary for delivering adequate specialized services programs for individuals with developmental disabilities is based upon a full time equivalent (FTE) staff to client ratio of 1:7.5.

2) Qualified Mental Retardation Professional Services

A) Each individual's specialized services program must be integrated, coordinated and monitored by a Qualified Mental Retardation Professional (QMRP). Any facility required to provide specialized services programs to individuals with developmental disabilities must provide QMRP services. Delivery of these services is based upon a full-time equivalent ratio of one (1) QMRP to thirty (30) individuals being served.

B) A Qualified Mental Retardation Professional (QMRP) is a person who has at least one year of experience working directly with persons with mental retardation and is one of the following:

i) A doctor of medicine or osteopathy;

ii) A registered nurse;

iii) An individual who holds at least a bachelor's degree in one of the following professional categories: Occupational

Therapist; Occupational Therapy Assistant, Physical Therapist, Physical Therapy Assistant, Psychologist, Master's Degree; Social Worker; Speech-Language Pathologist or Audioligist; Recreation Specialist; Registered Dietitian; and Human Services, including but not limited to Sociology, Special Education, Rehabilitation Counseling, and Psychology (42 CFR 483.430(1989)).

3) Assessment and Other Program Services

A) A comprehensive functional assessment that identifies an individual's needs must be performed as needed to supplement any preliminary evaluations conducted prior to admission to a nursing facility.

B) A Comprehensive Assessment must include:

i) physical development and health;

ii) dental examination that includes an assessment of oral hygiene practices;

iii) nutritional status;

iv) sensorimotor development/auditory functioning;

v) social development;

vi) speech and language development;

vii) adaptive behaviors or independent living skills necessary for the individual to be able to function in the community (Scales of Independent Behavior (SIB) or the Inventory for Client and Agency Planning (ICAP) are the assessment instruments that must be used for this assessment);

viii) vocational or educational skills (if applicable);

ix) cognitive development;

x) medication and immunization history;

xi) psychological evaluation (within 5 years) that includes an assessment of the individual's emotional and intellectual status;

xii) capabilities and preferences relative to recreation/leisure activities;

xiii) other assessments indicated by the individual's needs, such as physical and occupational therapy assessments;

xiv) seizure disorder history (if applicable) with information regarding frequency of occurrence and classification; and

xv) screenings (the facility performs or obtains) in the areas of nutrition, vision, auditory and speech/language.

d) Costs associated with specialized services programs reimbursement includes other program costs such as consultants, inservice training, and other items necessary for the delivery of specialized services to clients in accordance with their individual program plans.

e) Total program reimbursement for the additional costs associated with the delivery of specialized services to individuals with developmental disabilities residing in nursing facilities will be ten dollars ($10) per day, per individual being served. Facility eligibility for specialized services program reimbursement is dependent upon the facility meeting all criteria specified in Sections 147.5 through 147.205, 147.350 and 144.25 through 144.250.

(Source: Amended at 16 Ill. Reg. 17332, effective November 6, 1992)

Section 147.TABLE A Staff Time (in Minutes) and Allocation by Need Level

a) Effective July 1, 2003, each Medicare and Medicaid certified nursing facility shall complete, and transmit quarterly to the Department, a full Minimum Data Set (MDS) for each resident who resides in a certified bed, regardless of payment source. A description of the MDS items referenced in the tables found following subsection (e) of this Table A are contained in the Long Term Care Resident Assessment Instrument User's Manual available from the Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244 (December 2002).

b) Table A identifies 37 MDS items that shall be used to calculate a profile on each Medicaid-eligible resident within each facility.

c) The profile for each Medicaid-eligible resident shall then be blended to determine the nursing component of the nursing facility's Medicaid rate.

d) Each MDS item in Table A includes a description of the item and the variable time referred to in Section 147.150(c)(1). The variable time assigned to each level represents the type of staff that should be delivering the service (unlicensed, licensed, social worker and activity) and the number of minutes allotted to that service item.

e) Following is a listing of the 37 reimbursable MDS items found in Table A.

1) Base Social Work and Activity

2) Activities of Daily Living (ADL)

3) Restorative Programs

PROM

AROM

Splint/Brace

Bed Mobility

Mobility/Transfer

Walking

Dressing/Grooming

Eating

Prosthetic Care

Communication

Other Restorative

Continence

4) Medical Services

Discharge Planning

End Stage Care

Pain Management

Infectious Disease

Acute Medical Conditions

Nutrition

Skin Care Programs

Decubitus Prevention

Moderate Skin Intensity or Ostomy Care Services

Intensive Skin Care Services

IV Therapy

Injections

Oxygen Therapy

Extensive Respiratory Services

Hydration

5) Mental Health (MH) Services

Psychosocial Adaptation

Cognitive Impairment/Memory Assistance

Psychiatric Rehabilitation Services

6) Special Patient Need Factors:

Communication: add 1% of staff time accrued for ADLs through MH

Vision Problems: add 2% of staff time accrued for ADLs through MH

Accident/Fall Prevention: add 3% of staff time accrued for ADLs through MH

Restraint Free Care: add 2% of staff time accrued for ADLs through MH

Activities: add 2% of staff time accrued for ADLs through MH

MDS ITEMS AND ASSOCIATED STAFF TIMES

1) Base Social Work and Activity

Level		Unlicensed	Licensed	Social Worker	Activity
I	All Clients	0	0	5	10

2) Activities of Daily Living

Level	Composite Scores	Unlicensed	Licensed	Social Worker	Activity
I	Composite 7-8	50	15		
II	Composite 9-11	62	19		
III	Composite 12-14	69	21		
IV	Composite 15-29	85	25		

ADL Scoring Chart for the above Composite Levels

MDS values equal to "-" denote missing data.

A D L	MDS items	Description	Score
Bed Mobility	G1aA = - or	Self-Performance = missing	
	G1aA = 0 or	Self-Performance = independent	
	G1aA = 1.	Self-Performance = supervision	1
	G1aA =2.	Self-Performance = limited assistance	3
	G1aA =3 or	Self-Performance = extensive assistance	
	G1aA =4 or	Self-Performance = total dependence	
	G1aA =8 AND	Self-Performance = activity did not occur	
	G1aB = - or	Support = missing	
	G1aB = 0 or	Support = no set up or physical help	
	G1aB = 1 or	Support = set up help only	
	G1aB = 2.	Support = 1 person assist	4
	G1aB = 3 or	Support = 2+ person physical assist	
	G1aB = 8.	Support = activity did not occur	5
Transfer	G1bA = - or	Self-Performance = missing	
	G1bA = 0 or	Self-Performance = independent	
	G1bA = 1.	Self-Performance = supervision	1
	G1bA =2.	Self-Performance = limited assistance	3
	G1bA =3 or	Self-Performance = extensive assistance	
	G1bA =4 or	Self-Performance = total dependence	
	G1bA =8 AND	Self-Performance = activity did not occur	
	G1bB = - or	Support = missing	
	G1bB = 0 or	Support = no set up or physical help	
	G1bB = 1 or	Support = set up help only	
	G1bB = 2.	Support = 1 person assist	4
	G1bB = 3 or	Support = 2+ person physical assist	
	G1bB = 8.	Support = activity did not occur	5
Locomotion	G1eA = - or	Self-Performance = missing	
	G1eA = 0 or	Self-Performance = independent	
	G1eA = 1.	Self-Performance = supervision	1

	G1eA =2.	Self-Performance = limited assistance	3
	G1eA =3 or	Self-Performance = extensive assistance	
	G1eA =4 or	Self-Performance = total dependence	
	G1eA =8 AND	Self-Performance = activity did not occur	
	G1eB = - or	Support = missing	
	G1eB = 0 or	Support = no set up or physical help	
	G1eB = 1 or	Support = set up help only	
	G1eB = 2.	Support = 1 person assist	4
	G1eB = 3 or	Support = 2+ person physical assist	
	G1eB = 8.	Support = activity did not occur	5
Toilet	G1iA = - or	Self-Performance = missing	
	G1iA = 0 or	Self-Performance = independent	
	G1iA = 1.	Self-Performance = supervision	1
	G1iA =2.	Self-Performance = limited assistance	3
	G1iA =3 or	Self-Performance = extensive assistance	
	G1iA =4 or	Self-Performance = total dependence	
	G1iA =8 AND	Self-Performance = activity did not occur	
	G1iB = - or	Support = missing	
	G1iB = 0 or	Support = no set up or physical help	
	G1iB = 1 or	Support = set up help only	
	G1iB = 2.	Support = 1 person assist	4
	G1iB = 3 or	Support = 2+ person physical assist	
	G1iB = 8.	Support = activity did not occur	5
Dressing	G1gA = - or	Self-Performance = missing	
	G1gA = 0 or	Self-Performance = independent	
	G1gA = 1.	Self-Performance = supervision	1
	G1gA =2.	Self-Performance = limited assistance	2
	G1gA =3 or	Self-Performance = extensive assistance	
	G1gA =4 or	Self-Performance = total dependence	
	G1gA =8.	Self-Performance = activity did not occur	3
Hygiene	G1jA = - or	Self-Performance = missing	
	G1jA = 0 or	Self-Performance = independent	

	G1jA = 1.	Self-Performance = supervision	1
	G1jA =2.	Self-Performance = limited assistance	2
	G1jA =3 or G1jA =4 or G1jA =8.	Self-Performance = extensive assistance Self-Performance = total dependence Self-Performance = activity did not occur	3
Eating	G1hA = - or G1hA = 0 or G1hA = 1.	Self-Performance = missing Self-Performance = independent Self-Performance = supervision	1
	G1hA =2.	Self-Performance = limited assistance	2
	G1hA =3 or G1hA =4 or G1hA =8 Or K5a = 1 or K5b =1 and Intake = 1 Where Intake = 1 if K6a = 3 or K6a = 4 Or Intake = 1 if K6a = 2 and K6b =2 or K6b =3 or K6b =4 or K6b =5.	Self-Performance = extensive assistance Self-Performance = total dependence Self-Performance = activity did not occur Parenteral / IV in last 7 days Tube feeding in last 7 days See below Parenteral/enteral intake 51-75% of total calories Parenteral/enteral intake 76-100% of total calories Parenteral/enteral intake 25-50% of total calories Average fluid intake by IV or tube is 501-1000 cc/day Average fluid intake by IV or tube is 1001-1500 cc/day Average fluid intake by IV or tube is 1501-2000 cc/day Average fluid intake by IV or tube is over 2000 cc/day	3

3) Restorative Programs

Passive Range of Motion

Lev	MDS items	Description	Unl	Lic	S W	Act
	G4aA > 0 or G4bA > 0 or G4cA > 0 or G4dA > 0 or G4eA > 0 or G4fA > 0 or G4aB > 0 or G4bB > 0 or G4cB > 0 or G4dB > 0 or G4eB > 0 or G4fB > 0 or AND:	Any function limits in ROM of neck Any function limits in ROM of arm Any function limits in ROM of hand Any function limits in ROM of leg Any function limits in ROM of foot Any function limits in ROM of other limitation or loss Any function limits in voluntary movement of neck Any function limits in voluntary movement of arm Any function limits in voluntary movement of hand Any function limits in voluntary movement of leg Any function limits in voluntary movement of foot Any function limits in voluntary movement of other limitation or loss				
I	3 ≤P3a≤5	3 to 5 days of PROM rehab	10	6		
II	6 ≤P3a≤7	6 to 7 days of PROM rehab	15	6		

Active Range of Motion

Lev	MDS items	Description	Unl	Lic	SW	Act
	G4aA,B > 0 or G4bA,B > 0 or G4cA,B > 0 or	Any function limits in voluntary ROM or movement of neck Any function limits in voluntary ROM or movement of arm Any function limits in voluntary				

		ROM or movement of hand				
	G4dA,B > 0 or	Any function limits in voluntary ROM or movement of leg				
	G4eA,B > 0 or	Any function limits in voluntary ROM or movement of foot				
	G4fA,B > 0 or	Any function limits in voluntary ROM or movement of other limitation or loss				
	AND:					
I	3 ≤P3b≤5	3 to 5 days of AROM rehab	10	6		
II	6 ≤P3b≤7	6 to 7 days of AROM rehab	15	6		

Splint/Brace Assistance

Lev	MDS items	Description	Unl	Lic	SW	Act
I	3 ≤P3c≤5	3 to 5 days of assistance	10	6		
II	6 ≤P3c≤7	6 to 7 days of assistance	15	6		

Bed Mobility Restorative

Lev	MDS items	Description	Unl	Lic	SW	Act
	0 < G1aA<8 And G7=1	Need assistance in bed mobility Some or all ADL tasks broken into subtasks				
	AND					
I	3 ≤P3d≤5	3 to 5 days of rehab or restorative techniques	10	6		
II	6 ≤P3d≤7	6 to 7 days of rehab or restorative techniques	15	6		

Mobility (Transfer) Restorative

Lev	MDS items	Description	Unl	Lic	SW	Act
	0 < G1bA<8 And G7 = 1 AND	Need assistance in transfer Some or all ADL tasks broken into subtasks				

I	3 ≤P3e≤5	3 to 5 days of rehab or restorative techniques	10	6		
II	6 ≤P3e≤7	6 to 7 days of rehab or restorative techniques	15	6		

Walking Restorative

Lev	MDS items	Description	Unl	Lic	S W	Act
	0<G1cA < 8 or 0<G1dA < 8 or 0<G1eA < 8 or 0<G1fA < 8 or And G7 = 1 AND	Any function limits in walking in room Any function limits in walking in corridor Any function limits in locomotion on unit Any function limits in locomotion off unit Some or all ADL tasks broken into subtasks				
I	3 ≤P3f≤5	3 to 5 days of rehab or restorative techniques	10	6		
II	6 ≤P3f≤7	6 to 7 days of rehab or restorative techniques	15	6		

Dressing / Grooming Restorative

Lev	MDS items	Description	Unl	Lic	SW	Act
	0 < G1gA<8 And G7 = 1 AND	Need assistance in dressing Some or all ADL tasks broken into subtasks				
I	3 ≤P3g≤5	3 to 5 days of rehab or restorative techniques	10	6		
II	6 ≤P3g≤7	6 to 7 days of rehab or restorative techniques	15	6		

Eating Restorative

Lev	MDS items	Description	Unl	Lic	SW	Act
	0 < G1hA<8 or K1b = 1	Need assistance in eating Has swallowing problem				

	And G7 = 1 AND	Some or all ADL tasks broken into subtasks				
I	3 ≤P3h≤5	3 to 5 days of rehab or restorative techniques	10	6		
II	6 ≤P3h≤7	6 to 7 days of rehab or restorative techniques	15	6		

Prosthetic Care

Lev	MDS items	Description	Unl	Lic	SW	Act
I	3 ≤P3i≤5	3 to 5 days of assistance	10	6		
II	6 ≤P3i≤7	6 to 7 days of assistance	15	6		

Communication Restorative

Lev	MDS items	Description	Unl	Lic	SW	Act
	C4 > 0 AND	Deficit in making self understood				
I	3 ≤P3j≤5	3 to 5 days of rehab or restorative techniques	10	6		
II	6 ≤P3j≤7	6 to 7 days of rehab or restorative techniques	15	6		

Other Restorative

Lev	MDS items	Description	Unl	Lic	SW	Act
	Q1c= 1 or 2 And Q2 < 2 And P1ar =1 AND	Stay projected to be within 90 days Improved or no change in care needs Provide training to return to community				
I	3 ≤P3k≤5	3 to 5 days of rehab or restorative techniques	10	6		
II	6 ≤P3k≤7	6 to 7 days of rehab or restorative techniques	15	6		

Continence

Lev	MDS items	Description	Unl	Lic	SW	Act
I	H3a = 1 And (H1b >1 or G1iA > 1)	Any scheduled toileting plan Incontinent at least 2 or more times a week Self-Performance = limited to total assistance	22	3		
II	H3b = 1 and H1b > 1 OR H3b = 1 and (H1b ≤1 and H4 = 1)	Bladder retraining program Incontinent at least 2 or more times a week Bladder retraining program for one quarter Residents continence has improved in last 90 days	22 22	8 8		

4) Medical Services

Discharge Planning

Lev	MDS items	Description	Unl	Lic	SW	Act
I	Q1c= 1 or 2 And Q2 < 2 And P1ar =1	Stay projected to be within 90 days Improved or no change in care needs Provide training to return to community		16	16	

End Stage Care

Lev	MDS items	Description	Unl	Lic	SW	Act
I	J5c= 1	End stage disease, 6 or fewer months to live Restoratives set to level ‘0’ except AROM, PROM, Splint/Brace: limit of 4 quarters	10	12	8	

Pain Management

Lev	MDS items	Description	Unl	Lic	SW	Act
I	J2a > 0 And J2b > 1	Demonstrate or complain of pain Moderate to excruciating intensity	4	8	1	1

Infectious Disease

Lev	MDS items	Description	Unl	Lic	SW	Act
I	I2a = 1 or I2b = 1 or I2i = 1 or I2k = 1 or I2e = 1 or I2g = 1 or I2l = 1 or I3 =ICD9 code 041.01,133.0	Antibiotic resistant infection Clostridium Difficile TB Viral Hepatitis Pneumonia Septicemia Wound Infection Streptococcus Group A, Scabies	18	17	1	

Acute Medical Conditions

Lev	MDS items	Description	Unl	Lic	SW	Act
I	J5b = 1 and P1ae = 1 and P1ao = 0 or (J5a= 1 and P1ao = 0 and P1ae = 1) and (B5a =2 or B5b =2 or B5c =2 or B5d =2 or B5e =2 or	Acute episode or flare-up of chronic condition Monitoring acute medical condition Not Hospice care Condition makes resident's cognitive, ADL, mood or behavior patterns unstable Not Hospice care Monitoring acute medical condition Easily distracted over last 7 days Periods of altered perceptions or awareness of surroundings over last 7 days Episodes of disorganized speech over last 7 days Periods of restlessness over last 7 days Periods of lethargy over last 7 days	1	23	1	

	B5f =2)	Mental function varies over course of day in last 7 days

Nutrition

Lev	MDS items	Description	Unl	Lic	SW	Act
I	K5h = 1	On a planned weight change program	4	3	1	
II	K5b =1 and	Tube feeding in last 7 days	0	22	1	
	Intake = 1	See below				
	Intake = 1 if					
	K6a = 3 or	Parenteral/ enteral intake 51-75% of total calories				
	K6a = 4	Parenteral/enteral intake 76-100% of total calories				
	Or Intake = 1 if					
	K6a = 2 and	Parenteral/enteral intake 25-50% of total calories				
	K6b =2 or	Average fluid intake by IV or tube is 501-1000 cc/day				
	K6b =3 or	Average fluid intake by IV or tube is 1001-1500 cc/day				
	K6b =4 or	Average fluid intake by IV or tube is 1501-2000 cc/day				
	K6b =5	Average fluid intake by IV or tube is over 2000 cc/day				

Skin Care Programs – only the highest qualifying level of the moderate skin intensity or intensive skin care applies

Decubitus Prevention

Lev	MDS items	Description	Unl	Lic	SW	Act
	M3 = 1 or	History of resolved ulcers in last 90 days	15	8		
	Any two of:					
	M5a	Pressure relieving device(s) for chair				
	M5b	Pressure relieving device(s) for bed				
	M5c	Turning or repositioning program				

	M5d	Nutrition or hydration intervention for skin
	M5i	Other prevention for skin (other than feet)

Moderate Skin Intensity Services or Ostomy Care Services

Lev	MDS items	Description	Unl	Lic	SW	Act
I	M1a> 0 or	Stage 1 ulcers	5	10		
	M1b> 0 or	Stage 2 ulcers				
	Any of:	Other Skin Problems (below):				
	M4a	Abrasions, bruises				
	M4b	Burns				
	M4c	Open lesions other than ulcers				
	M4d	Rashes				
	M4e	Skin desensitized to pain or pressure				
	M4f	Skin tears or cuts (other than surgery)				
	M4g	Surgical wounds				
	And any of:	Skin Treatments (below):				
	M5a	Pressure relieving device(s) for chair				
	M5b	Pressure relieving device(s) for bed				
	M5c	Turning or repositioning program				
	M5d	Nutrition or hydration intervention for skin				
	M5e	Ulcer care				
	M5f	Surgical wound care				
	M5g	Application of dressings(other than feet)				
	M5h	Application of ointments(other than feet)				
	M5i	Other prevention for skin (other than feet)				
	OR					
	(M6b = 1 or	Infection of the foot				
	M6c = 1) and	Open lesion of the foot				
	M6f = 1 or	And application of a dressing				
	P1af = 1	Provide ostomy care in last 14 days				

		Set Intensive Skin Care Services to zero

Intensive Skin Care Services

Lev	MDS items	Description	Unl	Lic	SW	Act
II	M1c> 0 or M1d> 0 or And any of: M5a M5b M5c M5d M5e M5f M5g M5h M5i	Stage 3 ulcers Stage 4 ulcers Skin Treatments (below): Pressure relieving device(s) for chair Pressure relieving device(s) for bed Turning or repositioning program Nutrition or hydration intervention for skin Ulcer care Surgical wound care Application of dressings (other than feet) Application of ointments (other than feet) Other prevention for skin (other than feet) Set Moderate Skin Intensity Services to zero	5	30		

IV Therapy

Lev	MDS items	Description	Unl	Lic	SW	Act
I	P1ac = 1 or K5a = 1	IV medication in last 14 days Nutrition via parenteral / IV in last 7 days	9	30		

Injections

Lev	MDS items	Description	Unl	Lic	SW	Act
I	O3 > 0	Number of injections in last 7days		6		

Oxygen Therapy

Lev	MDS items	Description	Unl	Lic	SW	Act
I	P1ag = 1	Oxygen therapy administered in last 14 days	9	15		

Extensive Respiratory Services

Lev	MDS items	Description	Unl	Lic	SW	Act
I	P1ai = 1 or P1aj = 1	Performed suctioning in last 14 days Administered tracheostomy care in last 14 days	15	30		

Hydration

Lev	MDS items	Description	Unl	Lic	SW	Act
I	H2b = 1 or Any two of: 1 ≤O4e ≤ 7 I3 a,b,c,d,e =276.5 I2j = 1 J1c = 1 J1d = 1 J1h = 1 J1j = 1 And K5a,b = 0	Constipation Received a diuretic medication in last 7 days Volume depletion, dehydration Urinary Tract Infection in last 30 days Dehydrated Did not consume most fluids provided (3 days) Fever Internal bleeding Not have parenteral /IV or feeding tube	15	7		1

5) Mental Health Services– only the highest qualifying score of the three services applies

Psychosocial Adaptation Services

Lev	MDS items	Description	Unl	Lic	SW	Act
I	(P2a = 1 or P2b = 1 or P2c = 1 or	Behavior symptom evaluation Evaluation by licensed MH specialist within last 90 days Group therapy	12	6	8	2

	P2d = 1) and	Resident specific changes to environment
	Any E1a-p > 0 or	Indicators of depression
	F1g = 1 or	No indicators of psychosocial well –being
	Any F2a-g = 1 or	Any unsettled relationships
	Any F3a-c = 1 or	Issues with past roles
	E4aA > 0 or	Wandering in last 7 days
	E4bA > 0 or	Verbally abusive in last 7 days
	E4cA > 0 or	Physically abusive in last 7 days
	E4dA > 0 or	Inappropriate or disruptive behavior in last 7 days
	E4eA > 0 or	Resisted care in last 7 days

Cognitive Impairment/Memory Assistance Services

Lev	Description	Unl	Lic	SW	Act
II	Cognitive Performance Scale of > = to 3	16	6	11	10
III	Cognitive Performance Scale of > = to 5	21	11	16	15

Cognitive Performance Scale Codes

Scale	Description
0	Intact
1	Borderline Intact
2	Mild Impairment
3	Moderate Impairment
4	Moderate Severe Impairment
5	Severe Impairment
6	Very Severe Impairment

Impairment Count for the Cognitive Performance Scale

I code	MDS items	Description
		Note: None of B2a, B4, or C4 can be missing
IC 1	B2a = 1	Memory problem
IC 2	B4 = 1 or 2	Some dependence in cognitive skills
IC 3	1 ≤C4 ≤ 3	Difficulty finding words to rarely or never understood

Severe Impairment Count for the Cognitive Performance Scale

I code	MDS items	Description
		Note: None of B2a, B4, or C4 can be missing
SIC 0	Below not met	
SIC 1	B4 = 2	Moderately impaired in cognitive skills
SIC 2	C4 = 2 or 3	Sometimes understood to rarely or never understood

Cognitive Performance Scale

Scale	MDS items	Description
Coma	N1a = 0 and N1b = 0 and N1c = 0 and B1 = 1 and G1aA = 4 or 8 And G1bA = 4 or 8 And G1hA = 4 or 8 And G1iA = 4 or 8 And	Awake all or most of the time in the morning Awake all or most of the time in the afternoon Awake all or most of the time in the evening Is comatose Bed-Mobility Self-Performance = total dependence or did not occur Transfer Self-Performance = total dependence or did not occur Eating Self-Performance = total dependence or did not occur Toilet Use Self-Performance = total dependence or did not occur
6	Not (B4 =0,1, 2)	Not have cognitive skills independent to moderately impaired
6	B4 = 3 And G1hA = 4 or 8	Cognitive skills severely impaired Eating Self-Performance = total dependence or did not occur
5	B4 = 3 And G1hA =- or ≤ 3	Cognitive skills severely impaired Eating Self-Performance = missing to extensive assistance
4	If IC code = 2 or 3 And SIC code = 2	Some dependence in cognitive skills Difficulty finding words to rarely or never understood Sometimes understood to rarely or never understood
3	If IC code = 2 or 3 And SIC code = 1 If IC code = 2 or 3	Some dependence in cognitive skills Difficulty finding words to rarely or never understood Moderately impaired in cognitive skills Some dependence in cognitive skills Difficulty finding words to rarely or never understood
2	And SIC code = 0	Better than moderate cognition skills and usually can be understood
1	If IC code = 1	Memory problem

Psychiatric Rehabilitation Services

Lev	MDS items	Description	Unl	Lic	SW	Act
IV	I1dd =1 or I1ff =1 or I1gg =1 or J1e =1 or Jli =1	Anxiety Disorder Manic depression (bipolar) Schizophrenia Delusions in last 7 days Hallucinations in last 7 days	20	10	20	
V	If above And E4aA > 1 or E4bA > 1 or E4cA > 1 or E4dA > 1 or E4eA > 1 or	 Wandering in last 7 days Verbally abusive in last 7 days Physically abusive in last 7 days Inappropriate or disruptive behavior in last 7 days Resisted care in last 7 days	24	12	30	5

6) Special Patient Need Factors

Communication

Count	MDS items	Description	Staff Minutes
I	C4 > 0 or C6 > 0	Deficit in making self understood Deficit in understanding others	1% of all staff time accrued in all categories from ADLs through Mental Health

Vision Problems

Count	MDS items	Description	Staff Minutes
I	D1 > 0 or D2a = 1 or D2b = 1	Vision impaired to Severely impaired Decreased peripheral vision Experience halos around lights, light flashes	2% of all staff time accrued in all categories from ADLs through Mental Health

Accident/Fall Prevention

Count	MDS items	Description	Staff Minutes

I	G3a > 0 or	Unable to maintain position as required for balance test while standing	3% of all staff time accrued in all categories from ADLs through Mental Health
	G3b > 0 or	Unable to maintain position as required for balance test while sitting	
	J4a = 1 or	Fell in past 30 days	
	J4b = 1 or	Fell in past 31 – 180 days	
	J1n = 1 or	Has unsteady gait	
	E4aA > 0	Wandered in last 7 days	

Restraint Free

Count	MDS items	Description	Staff Minutes
I		In last assessment:	
	P4c > 1 or	Used trunk restraint daily in last 7 days	2% of all staff time accrued in all categories from ADLs through Mental Health
	P4d > 1 or	Used limb restraint daily in last 7 days	
	P4e > 1	Used chair that prevents rising daily in last 7 days	
	And	And in current assessment:	
	P4c = 0 and	Not used trunk restraint in last 7 days	
	P4d = 0 and	Not used limb restraint in last 7 days	
	P4e = 0	Not used chair that prevents rising in last 7 days	

Activities

Count	MDS items	Description	Staff Minutes
I	N2 = 0 or 1 and	Involved in activities more than 1/3 of time	2% of all staff time accrued in all categories from ADLs

			through Mental Health
	(G6a =1 or	Bedfast all or most of the time	
	C4 > 1 or	Sometimes or rarely or never understood	
	C6 > 1 or	Sometimes or rarely or never understands others	
	E1o > 0 or	Withdraws from activities of interest more than 5 days a week	
	(AA3-a3a) / 365.25 ≤50 or	Resident is 50 years of age or younger at the time of the assessment reference date	
	E1p > 0 or	Reduced social interaction	
	E4aA > 0 or	Wandering in last 7 days	
	E4bA > 0 or	Verbally abusive in last 7 days	
	E4cA > 0 or	Physically abusive in last 7 days	
	E4dA > 0 or	Inappropriate or disruptive behavior in last 7 days	
	E4eA > 0 or	Resisted care in last 7 days	
	G4bB > 0 or	Limited ROM voluntary movement of arm	
	G4cB > 0 or	Limited ROM voluntary movement of hand	
	G4dB > 0) or	Limited ROM voluntary movement of leg	
	E2 > 0 and	Indicators of being depressed	

	(E1a > 0 or	Made negative statements
	E1n > 0 or	Makes repetitive physical movements
	E4eA > 0 or	Resisted care in last 7 days
	E1o > 0 or	Withdraws from activities of interest more than 5 days a week
	E1p > 0 or	Reduced social interaction
	E1j > 0 or	Unpleasant mood in morning more than 5 days a week
	N1d > 0 or	Not awake all or most of the time
	N1a,b,c ≤1 and	Not awake all or most of the time
	B1 =0) or	Not comatose
	E1g > 0 or	Repeated statements that something terrible will happen
	K3a = 1	Weight loss (5% in 30 days or 10% in 180 days)

(Source: Expedited correction at 28 Ill. Reg. 4992, effective November 26, 2003)

Section 147.TABLE B Staff Time and Allocation for Restorative Programs (Repealed)

(Source: Repealed at 27 Ill. Reg. 18680, effective November 26, 2003)

Section 147.TABLE C Comprehensive Resident Assessment (Repealed)

(Source: Repealed at 27 Ill. Reg. 18680, effective November 26, 2003)

Section 147.TABLE D Functional Needs and Restorative Care (Repealed)

(Source: Repealed at 27 Ill. Reg. 18680, effective November 26, 2003)

Section 147.TABLE E Service (Repealed)

(Source: Repealed at 27 Ill. Reg. 18680, effective November 26, 2003)

Section 147.TABLE F Social Services (Repealed)

(Source: Repealed at 27 Ill. Reg. 18680, effective November 26, 2003)

Section 147.TABLE G Therapy Services (Repealed)

(Source: Repealed at 17 Ill. Reg. 13498, effective August 6, 1993)

Section 147.TABLE H Determinations (Repealed)

(Source: Repealed at 27 Ill. Reg. 18680, effective November 26, 2003)

Section 147.TABLE I Activities (Repealed)

(Source: Repealed at 27 Ill. Reg. 18680, effective November 26, 2003)

Section 147.TABLE J Signatures (Repealed)

(Source: Repealed at 27 Ill. Reg. 18680, effective November 26, 2003)

Section 147.TABLE K Rehabilitation Services (Repealed)

(Source: Repealed at 27 Ill. Reg. 18680, effective November 26, 2003)

Section 147.TABLE L Personal Information (Repealed)

(Source: Repealed at 27 Ill. Reg. 18680, effective November 26, 2003)